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CONFIRMATION NO. 9116

<b>SERIAL NUMBER</b> 10/677,242	<b>FILING OR 371(c) DATE</b> 10/03/2003 <b>RULE</b>	<b>CLASS</b> 355	<b>GROUP ART UNIT</b> 2851	<b>ATTORNEY DOCKET NO.</b> 1857.2060000
<b>APPLICANTS</b> Peter Kochersperger, Easton, CT;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/03/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 28
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 26111				
<b>TITLE</b> Method and systems for total focus deviation adjustments on maskless lithography systems				
<b>FILING FEE RECEIVED</b> 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	